## **HASSRA** [Insert Association]

## **Regional Event Estimate**

Event:			
Date of Event:			
Venue:			
Organiser:			
Contact Address:			
Contact Tel No.		Email: _	
Estimated number of e	ntries:		Entry Fee
Outline Costs			
Hire of Facilities			
Hire/Purchase of Equipm	nent		
Officials Fees			
Catering			
First Aid			
Prizes			
Organiser's Expenses [P	Please give details below]		
Other Expenses [Please	give details below]		
		TOTAL £0.00	)
Additional Details			
Organiser's Expenses:			
Other Expenses:			
Please forward estimate to the Regional Office before confirming booking. If necessary also complete and forward an Advance Request stencil.			
Estimate accepted: Further information red		tials	